



**DEPARTMENT OF THE ARMY**  
**OFFICE OF THE SURGEON GENERAL**  
**5109 LEESBURG PIKE**  
**FALLS CHURCH, VA 22041-3258**

REPLY TO  
ATTENTION OF

DASG-IMD

31 May 2006  
(Updated: 28 July 2006)

**AHLTA SOP #10**  
**Requesting Audit of AHLTA Access**

1. PURPOSE: To define interim methodology by which MTF commands may request AHLTA audit trail information on patient records or system users. The audit trail contains detailed information on user access to patient records. This policy is interim and intended to ensure compliance with privacy statutes until permanent HA/TMA policy is established.

2. REFERENCES:

- a. The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- b. The Privacy Act of 1974

3. SCOPE: This SOP applies to all MTFs utilizing AHLTA and any AMEDD agency requesting access to an audit trail of AHLTA use.

4. DEFINITIONS:

- a. AHLTA – The MHS and AMEDD electronic medical record (EMR).
- b. Clinical Data Repository (CDR) – A transactional database located at DISA in Montgomery, Alabama, where AHLTA data is stored.
- c. Audit Trail – A listing of the areas of access gained by users to the various modules within an AHLTA medical record. Actions taken (write, delete, amend, append) and time/date stamps are included along with identification of the users.

5. Process for Requesting an Audit:

- a. All audits of a patient record will require command approval.
- b. Command approval will be documented on the attached form and verified by the signature of the Commander, DCCS, DCA or DCN. The request will contain information necessary to perform the audit including:
  - (1) Patient or user information (name and SSN)
  - (2) Specific area or module of concern (if applicable)
  - (3) Date range for audit
  - (4) POC (and contact information) to whom the audit may be released
- c. The Audit Request Form will be submitted via encrypted e-mail using CAC technology to [Doug.Barton@amedd.army.mil](mailto:Doug.Barton@amedd.army.mil). On those occasions when encrypted e-mail is not possible, requests may be faxed with the requestor providing prior notification and AMEDD AHLTA Implementation and Clinical Integration Office

acknowledgment that it is prepared to receive the fax in a HIPAA-secure fashion (Fax: 202.782.7156). The standard HIPAA notification on special handling considerations must be placed on the fax coversheet.

6. Audit processing

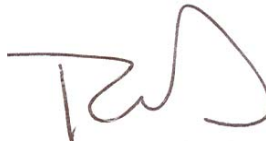
a. Once the audit request is received, it will be verified for clarity and completeness. Incomplete requests will be returned for completion. The MTF POC may be contacted for any issues requiring clarification.

b. The completed audit request will be provided to the AHLTA vendor managing audits for execution at the next reasonable opportunity.

c. The audit information will be returned to the MTF designee in a HIPAA-compliant fashion.

7. A log of all audits will be maintained by the AMEDD AHLTA Implementation and Clinical Integration Office.

8. Proponent for this SOP is the Program Office Director at Commercial 706-787-7165 or DSN 773-7165.

A handwritten signature in dark ink, appearing to be 'RM' or 'R. Moody', written in a cursive style.

RON MOODY, M.D.  
Program Director  
AMEDD AHLTA Implementation and Clinical  
Integration Office

**AMEDD AHLTA ACCESS  
AUDIT TRAIL REQUEST FORM**

**PRINTABLE VERSION  
ON  
FOLLOWING PAGE**

## AMEDD AHLTA Access Audit Trail Request Form

<b>To:</b> AMEDD AHLTA Planning & Integration Office		<b>From:</b>	
Primary Delivery Method: Encrypted e-mail to: <a href="mailto:Doug.Barton@amedd.army.mil">Doug.Barton@amedd.army.mil</a>		MTF:	
Secondary: HIPAA-Compliant Fax: (202) 782-7156			
Date:		Phone:	
<b>Information Requested</b>			
Patient or User Name:			
SSN:	Date Range of Audit: From: To:		
Areas or Modules of Concern:			
Reason for Request:			
Preferred Method for Receiving Results of Audit:		<input type="checkbox"/> Encrypted E-Mail <input type="checkbox"/> HIPAA-Compliant Fax	
Provide Audit To:		E-Mail Address to Use for Encrypted Results Delivery:  Telephone Number to Call if Using HIPAA-Compliant Fax for audit results:	
Requestor Signature:			Date
<b>Command Approval</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Comments:			
<input type="checkbox"/> Commander <input type="checkbox"/> DCCS <input type="checkbox"/> DCA <input type="checkbox"/> DCN			Date
Signature:			

This document may contain information covered under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional patient consent or as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate sanction. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have made."